

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033297

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2354

FILED AUG 20 1962

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Kirkwood

Length of stay in 1b

WKS.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

St. Joseph Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

c. CITY

OR

Valley Park

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

57 Pharoah Dr.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

WILLIAM

Middle

SIDNEY

Last

UNDERWOOD

4. DATE
OF
DEATH

Month

August

Day

11, 1962

Year

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-29-1919

9. AGE (last birthday)

42

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Maint. Mechanic

10b. KIND OF BUSINESS OR INDUSTRY

Sunline Corp.

11. BIRTHPLACE (City and state or country)

Greenville, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Monroe Underwood

13b. MOTHER'S MAIDEN NAME

Anna Marlan

14. NAME OF HUSBAND OR WIFE

Dorothy C. Underwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW-2

16. SOCIAL SECURITY NO.

17. INFORMANT

57 Pharoah Dr. Valley Park

Dorothy C. Underwood Missouri

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Lung with
metastasesConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8/1/62 to 8/11/62 and last saw her
Death occurred at 6:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

135 W Adams.

22c. DATE SIGNED

8/13/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

8-14-1962

23c. NAME OF CEMETERY OR CREMATORY

Oak Hill Cem.

23d. LOCATION (City, town, or county)

Kirkwood 22, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Pfitzinger Mort Kirkwood, Mo.

25. DATE RECD. BY LOCAL REG.

8-14-62

26. REGISTRAR'S SIGNATURE

John B. Murphy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

14003

24042

3

4 0

5 1

6

7 0

8 0

9 163X

10

11

12 44 0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4800

P. O. Address Kirkwood, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.